U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



## READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

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1. File Number U - 438	2. Fiscal Year Covered From:
•	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Ilyanne M Kichaven	Name Screen Actors Guild
	Labor Organization File Number 000-113
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 5757 Wilshire Boulevard	Street 5757 Wilshire Boulevard
City Los Angeles	City Los Angeles
State California ZIP Code + 4 90036-3600	State California ZIP Code + 4 90036-3600
5. Position in labor organization.  National Director of Communic	ations

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Lifetime Television	June 18 Attended a Women in Entertainment Dinner that was co-hosted by Lifetime TV and WIF and received goodie bag that all attendees receive.	
Trade Name, if any:	Bag included DVD and beauty products. Value not reasonably ascertainable.	
P.O. Box, Bldg., Room No., if any Worldwide Plaza		
	7.b. Amount.	
Street 309 West 49 St.		
City New York		
State New York ZIP Code +4 10019-7319		

## Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Olthan	MKeclaver
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on 7/09/05

323-549-6701

Date

Telephone Number

Name of Person Filing Ilyanne Kichaven	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Women In Film		
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	<b>✗</b> c. Employer	
Street 8857 W Olympic Blvd Ste 201		
City Beverly Hills		
State California ZIP Code + 4 90211		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name See 11a	WIF's purpose is to empower, promote, nurture, and mentor women in the industry through a network of	
Trade Name, if any:	valuable contacts, events, and programs. The extent of the business relationships with SAG and others not reasonably ascertainable.	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	June 18 Attended a Women in Entertainment Dinner that was co-hosted by Lifetime TV and WIF and received goodie bag that all attendees receive. Bag included DVD and beauty products. Value not reasonably ascertainable.	
	12.b. Amount. Unknown	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	